

| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |          |        |                       |        |                        |        | Application Number<br><div style="font-size: 1.2em; font-family: cursive;">10808584</div> |        | Filing Date |        |
|--|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|
|  |          |        |                       |        |                        |        | Applicant(s)  |        |             |        |
| * May be used for additional claims or amendments  |          |        |                       |        |                        |        |   |        |             |        |
| CLAIMS   | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |   |        |             |        |
|  | Indep    | Depend | Indep                 | Depend | Indep                  | Depend | Indep   | Depend | Indep       | Depend |
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| 50   |          |        | /                     |        |                        |        |   |        |             |        |
| Total<br>Indep   |          |        |                       |        |                        |        |   |        |             |        |
| Total<br>Depend  |          |        |                       |        |                        |        |   |        |             |        |
| Total<br>Claims  |          |        |                       |        |                        |        |   |        |             |        |

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